Indiana State Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
	004442				R-C 08/23/2012
OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 00:20:20:2
BENNETT HOUSE		3928 HORNE AVE NEW ALBANY, IN 47150			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
{R 000} INITIAL COMMENTS			{R 000}		
This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00108333 completed on 06/08/2012.		R) to			
Complaint IN00108333 - Corrected.					
Survey dates: August 22 and 23, 2012					
Survey team: Gloria J. Reisert, MS\	W				
Census bed type: Residential: 29 Total: 29					
Census payor type: Other: 29 Total: 29					
Sample: 5					
Bennett House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00108333.					
Quality review 8/24/12	2 by Suzanne Williams	, RN			
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS This visit was for a Pothe Investigation of Completed on 06/08/2 Completed on 06/08/2 Complaint IN0010833 Survey dates: August Facility number: 004 Provider number: 004 Provider number: NA Survey team: Gloria J. Reisert, MSV Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 5 Bennett House was fowith 410 IAC 16.2 in Indivestigation of Completeness	THOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION INITIAL COMMENTS This visit was for a Post Survey Revisit (PSF the Investigation of Complaint IN00108333 completed on 06/08/2012. Complaint IN00108333 - Corrected. Survey dates: August 22 and 23, 2012 Facility number: 004442 Provider number: 004442 AIM number: NA Survey team: Gloria J. Reisert, MSW Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 5 Bennett House was found to be in compliant with 410 IAC 16.2 in regard to the PSR to th Investigation of Complaint IN00108333.	OVA 1442 SOVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00108333 completed on 06/08/2012. Complaint IN00108333 - Corrected. Survey dates: August 22 and 23, 2012 Facility number: 004442 Provider number: 004442 AIM number: NA Survey team: Gloria J. Reisert, MSW Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 5 Bennett House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the	THOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00108333 completed on 06/08/2012. Complaint IN00108333 - Corrected. Survey dates: August 22 and 23, 2012 Facility number: 004442 Provider number: 004442 AIM number: NA Survey team: Gloria J. Reisert, MSW Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 5 Bennett House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00108333.	FORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING B.

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE